## Registration Form



	EXI LORE IN DAILOR
Parent's Name	
Address	
Phone Number	Email
Dancer's Name	
Age	Birthday
Emergency Cor	ntact
Phone Number	
agree to comply wi	th the rules and regulations of Explore In Dance, Inc. as stated on the website
w.exploreindance.c	com). I certify that the above named student(s) is/are in good physical health and
y give my permissi	on for participation in the dance program. I understand that neither the school, nor
f its instructors is/a	re liable for any injuries sustained. Students take courses and participate in dance
ctivities at their owr	n risk. I hereby grant permission for photographs and videos to be taken of my
	student(s) and used to promote Explore In Dance, Inc.
	Signature
	Date